

Division of Health Service Regulation

| | | | | |
|--|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011285 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____ | (X3) DATE SURVEY COMPLETED 03/30/2016 |
| NAME OF PROVIDER OR SUPPLIER CANDLER LIVING CENTER | | STREET ADDRESS, CITY, STATE, ZIP CODE 136 ROBINSON COVE ROAD CANDLER, NC 28715 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| C 000 | Initial Comments Report of Complaint Survey by Dennis Harrell on 3-30-2016. Records indicate this facility was first licensed on 1-1-1977, for 29 beds. Based on this information, we are requiring the facility to meet the 1967 NC Building Code, the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, and the applicable portions of the current rules for Adult Care Homes of Seven or More Beds. The complaint alleged poor environmental conditions due to a roof leak in the laundry area. The complaint was substantiated and deficiencies were cited that will require a plan of correction. | C 000 | | |
| C 166 | Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observation, parts of the walls and ceilings in the laundry were covered in black mold evidently caused by a leaking roof. Persistent mold can be hazardous to the health of the residents and staff. | C 166 | | |

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

| | | | | |
|--|---|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011285 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____ | (X3) DATE SURVEY COMPLETED 03/30/2016 |
| NAME OF PROVIDER OR SUPPLIER CANDLER LIVING CENTER | | STREET ADDRESS, CITY, STATE, ZIP CODE 136 ROBINSON COVE ROAD CANDLER, NC 28715 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| C 189 | Continued From page 1 | C 189 | | |
| C 189 | <p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, an area of roof approximately 24 feet by 28 feet over the laundry and back porch has been leaking for several months.</p> <p>2. Based on observation, the required one-hour fire rated walls and/or ceilings were compromised in locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility.</p> <p>Findings include:</p> <p>a. Hole about 3 feet by 4 feet in the laundry ceiling,</p> <p>b. Parts of laundry ceiling deteriorated from water damage,</p> <p>c. Holes in the laundry walls from water damage.</p> | C 189 | | |